

THE

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÆ."

SATURDAY, JULY 21, 1883.

Original.

TREATMENT OF SPORADIC CHOLERA.*

BY A. M. CARTLEDGE, M. D.

In adopting this subject for an essay before an honorable body of my colleagues, I am prompted by the interest the subject demands, not only per se, but also by the intimate relation it bears to a more formidable yet fortunately rare visitor to our people—I refer to epidemic cholera.

It is not my intention to recapitulate the long list of remedies that have been used and lauded in the treatment of sporadic cholera or cholera morbus, or to criticise at length the various theories in regard to the causation and pathology of the same. Yet to for a moment consider the treatment of any affection we must also consider causation and pathology, or else our procedure is void of any claim to scientific investigation. Unfortunately for us, the causation and pathology of sporadic cholera, as well as epidemic cholera, are imperfectly understood, as is also the *modus operandi* of the specific germ, if such an organism there be. Reasoning from similarity, it is probable the former is produced by a like poison of the latter, only in a milder form and without the qualities of an epidemic. I do not say also without the contagious principle, for one is as much proved to be contagious as the other, if it can be said either have been proved so.

The causation of sporadic cholera, like epidemic cholera, is not as easily defined as choleraic diarrhea and other forms of diarrhea arising from indigestion, sudden reverses of temperature, wet, etc. Climate, heat, atmospheric changes, bad food, ill ventilation, impure water, all have been assigned their place individually or combined, at the

discretion of the author, as the cause of this affection, but no facts have been reached which would enable us to decide the relation any of these bear to the etiology of the disease. We will consider briefly those which from observation and experience we are induced to give most prominence, and discuss them in relation to prophylaxis.

Heat. That heat plays an important part in the causation of the disease seems obvious to all. It seems to act on the nerve centers of the cord, thus predisposing to the affection. And, while considering a remedy for this factor, I can not do better than call your attention to some suggestions of Dr. N. S. Davis, read in a paper before the American Medical Association at St. Paul. He says, "When it is remembered that one third of the human race perish before they reach five years of age, and that a large percentage of these early deaths are the direct result of attacks of a serious diarrhea and cholera morbus, it will be conceded that no subject is more worthy of careful study than the pathology and prophylaxis of these affections."

Dr. Davis goes on to enumerate what he considers the most potent causes of the disease in children, and lays special stress on ill ventilation and heat, and as a preventive for the latter makes some practical and simple suggestions which I think we can and all should practice both in adult and child practice. I quote him further, "Whenever the human system is relaxed and rendered morbidly sensitive by continuous high heat, causing the infant to be languid, restless, and sometimes pale, a free bathing or sponging of the whole surface with water simply, as cool as is comfortable, always produces a refreshing and invigorating influence which lasts from six to twelve hours. Consequently, mothers and nurses should be so instructed by their family physician that during every wave of high atmospheric temper-

* Read before the Louisville Medical Society.

ature in which the mercury does not fall below 70° F. at night, each child under two years of age should be regularly given a full sponge bath in the evening and morning, and its sleeping room kept as freely ventilated as possible." I think the suggestion equally applicable to adult practice. I would further, from my own experience, insist that the application of cold with friction be especially applied over the spine.

I will not enter into the subject of bad food, water, etc., all which demand our most earnest consideration, but a discussion of which would extend this paper far beyond the intended limit. The prime object of this paper was to present to you an effectual method of treating sporadic cholera and cholera morbus, and which I think would be equally applicable to epidemic cholera; but before we proceed to that, a word as to pathology: Symptoms during life and post-mortem appearances demonstrate that in this disease we have a marked alteration in the circulation of the blood, manifested by a determination of blood to the abdominal and thoracic viscera, notably the former, and great transudation of the blood, serum, and salts into the alimentary canal. The congestion of the lung, dyspnea, and collapse of heart power which attend the disease are not understood as to cause. There are two theories, one that the poison acts on two sets of nerves producing opposite effects—the one abdominal, causing a vaso-motor paralysis and excessive transudation of fluid, the other thoracic, causing contraction of the capillary bronchi and dyspnea. The second theory attributes the lung condition to a relative increase of the solid constituents of the blood (due to intestinal transudation); clogging of the pulmonary circulation takes place, and symptoms of asphyxia and collapse supervene. The last theory, together with the general congestion of the part, I think offers the best explanation of the symptoms. The heart shares in the general depression, either from obstruction by thickened blood or from the direct effects of the poison.

The symptoms of this disease are so well known to us all that I will not enumerate them here. Suffice to say, we divide the disease into stages. The most common division is that of invasion, development, or evacuation, collapse, and reaction. As the physician rarely ever sees a case in the stage of invasion, we will just treat of the stages of evacuation and collapse, with a reference to that of reaction.

In all time physicians have differed as to the best means of treating this disease, as well as epidemic cholera. Ofttimes these opinions have been diametrically opposed to each other; as, for instance, one man would say, Do not check the evacuations, or you will kill the patient by retention and re-absorption of the poison that nature is seeking to eliminate. Another would say, Check the discharge, and save your patient the excessive drainage upon his blood, and consequently his life.

Alas! we only see in this too plain an illustration of ignorance as to causation and pathology. Fortunately for us, the symptoms of the disease are exceedingly uniform, as much so indeed as any disease with which we are acquainted. The diagnosis, as far as I know, can only be confounded with poison from irritants, bilious diarrhea, and possibly peritonitis.

In reference to checking the discharge, I think all authors are agreed as to the necessity of such a course. It is well to remember that there may be transudation with retention.

It is of importance in treating this disease not to consider it merely a disease of vomiting and purging, to be checked at all hazards and by *any* means. Much of the trouble observed during the stage of reaction is due to injudicious and excessive medication, especially in the stage of collapse. Let us then remember that it behooves us to work faithfully in preventing the disease, and by all rational means to check the evacuations when called to treat it. Our course as regards giving medicine must be changed when the stage of collapse arrives, and, of all stages, that of collapse is most to be dreaded.

When called to see a case of sporadic cholera, it is generally in the stage of evacuation, with cramps, vomiting, etc. We are accustomed to give first, opium in some form, perhaps morphia with atropia hypodermically; or others would give the vegetable and mineral astringents with opium by the stomach; or again others would prefer the small and oft-repeated doses of calomel, which sometimes acts very well in this stage. Ice and innumerable other things for vomiting, together with sinapisms to the abdomen and stomach, constitute our resources. I have used all these (except the astringents) with good results; but then again it has been my fortune to meet with cases in which all these remedies failed, and it is to such I will call your attention. To avoid collapse is the desideratum in treating cholera, and, when

it occurs, the best method of combating it. To give you my views on the subject, I can not do better than recite the history of one case and a reference to others which came under my observation.

Mrs. E., aged about forty-eight, nurse in the Louisville City Hospital. I was called to see this patient on the morning of July 26, 1882, about 8 o'clock. I found her in great pain; pinched and anxious expression of countenance, slight dyspnea, severe cramp in the abdomen, frequent vomiting, and a copious rice-water discharge from the bowels every ten or fifteen minutes. The surface of the body was cold. Her daughter stated that her mother was taken with slight diarrhea about 12 o'clock the previous night, which was soon followed by nausea, vomiting, and purging. She had applied sinapisms to the stomach and taken two doses of laudanum, thirty drops to the dose, but these had been rejected by the stomach. The pulse was one hundred and thirty and weak, respiration short and labored. I gave the patient a hypodermic injection composed of one third of a grain of morphia and one one hundredth of a grain of atropia, ordered sinapisms over the abdomen, hot bottles to the feet, which were very cold by this time, and gave pounded ice with a drop of creasote for the vomiting. Half an hour made no improvement in my patient, who was rapidly growing worse; dyspnea was increasing, and the stools, copious and frequent, were passed almost without the patient's knowledge. The evacuations were composed of thin, watery, rather starch-like fluid containing white flocculi. The intellect was clear but mind restless, with very anxious expression of countenance. I repeated the hypodermic injection, and commenced to give my patient one-half-grain doses of calomel every ten minutes for the vomiting. This treatment was watched for thirty minutes, at the end of which time my patient was evidently on the verge of collapse. The lips were livid, though the face blanched, skin shriveled, and muscles of the abdomen and calves which before were subject of clonic spasm now nearly in a state of tonic spasm. The radial pulse was imperceptible, vomiting so severe that I considered all medication by the stomach useless. I injected hypodermically thirty minims of ether, and my syringe full of whisky a time or two at short intervals. It was now about one and a half hours since I first saw the patient, and evidently, without some quick change for the better, she would die. I re-

peated for the third time the injection of morphia and atropia, also the ether injection with external applications of heat, but all to no avail. At this juncture I conceived the idea of getting cold to the heated and congested internal surface, and, by the local effect as well as the general impression such a course would impart to the nervous system, probably induce a reaction. I introduced my finger into the rectum, and there must have been a temperature of 104° , judging from the feel. I immediately pounded a quantity of ice, and added about a pint of water with a teaspoonful of tincture of opium, stirred until the water was ice cold, and then proceeded to inject into the rectum with a Davidson syringe. I injected about a pint. The injection was retained about three minutes, and passed, but some marked good results followed. The spasm of the abdominal muscles relaxed as if by magic, and almost instantly my patient seemed to improve. I repeated the injection with the addition of a teaspoonful of bromo-chloralum. I added the last-named ingredient because the matter discharged was so offensive as to render work in that locality very disagreeable, besides the case, as regards symptoms and gravity, did not present any difference from genuine cholera. The second injection was retained about fifteen minutes, with such an improvement of all symptoms as to make me believe I had found the right thing at last. The passage of the second injection contained very little of the choleraic discharge. After an interval of a few minutes, I gave a third injection of the ice-water, which was retained about half an hour with the greatest benefit, my patient reviving and expressing herself as very comfortable. I had during the time of this last treatment used nothing but sinapisms to the abdomen and ice in the mouth. My patient did well until about four o'clock in the afternoon, when an attack of nausea and retching, with a small fluid evacuation took place. I immediately gave an other ice-water injection, and all went on well. It was eight or ten days before the patient was able to be about, but none of the bad symptoms of the reactive stage occurred.

Within the subsequent ten days after this patient was attacked I saw six severe cases of the disease, one of which was in collapse, and in all I used the ice-water injection with the best results. I did not use it to the exclusion of other remedies in but two cases. I used it three times without the tincture of

opium addition, and gained enough to demonstrate to my mind that the principal benefits were due to the ice-water. In short, my treatment now of the severe forms of the disease is—taken in the stage of evacuations, cramps, etc.—sinapisms to the abdomen, ice by the mouth, and ice-water injections per rectum. The same treatment for the collapse, with possibly some hypodermic stimulation. This is simple medication, but the results can't be bettered in my experience. In milder cases, even in the severe, you can use opium with atropia or what not, as suits you. Many of the ordinary cases of sporadic cholera are treated very successfully with the hypodermic administration of morphia and atropia.

In offering an explanation of the action of ice-water injections in this disease, I can only say, it does not seem to be due so much to the local astringent effect of cold as to the strong impression made upon the nerve centers through reflex action by the cold being placed directly in contact with the congested and heated center. It is probable that in severe cases of epidemic cholera a stronger impression might be made and reaction induced by using a rectal tube, thus placing the cold nearer the center of morbid action.

A few thoughts that originate from my limited experience are these: (1) If the specific germs of epidemic cholera reside in the evacuations, as is claimed by Budd, Snow, and others, does not this method of treatment afford means to some extent of disinfecting the excretions before being exposed to the air and in a condition to infect others? The truth is, in sporadic cholera, after a few injections you have no more evacuations to disinfect. (2) How far the treatment might be effectual in malignant or epidemic cholera.

The remedy may have been used by others. I failed to find mention of it in works consulted on the subject. If such be the case, I can only hope to revive and call attention to a good thing.

Since writing the above observations, I notice in the Peoria Medical Monthly, where Profs. Pooley and Kinsman, of Columbus, Ohio, have used ice-water injections per rectum in cholera infantum, with good results.

LOUISVILLE.

ATLANTA, GA., has one physician to every two hundred and seventy-seven of its population.

Miscellany.

THE ST. LOUIS MEDICAL SOCIETY AND THE REVISION OF THE CODE OF ETHICS.—It will be remembered that at the late meeting of the American Medical Association, Dr. Pollak, of St. Louis, on behalf of the St. Louis Medical Society, moved the appointment of a committee to revise the Code of Ethics, which motion was promptly laid on the table. It now appears that this resolution was not authorized by the St. Louis Medical Society, and that Dr. Pollak presented it without consulting his brother delegates. At a late meeting, the St. Louis Medical Society repudiated and condemned the action of Dr. Pollak, with only two dissenting votes. The St. Louis Medical Society sits down upon Dr. Pollak, in this manner: On June 23, 1883, Dr. Atwood introduced the following, which the St. Louis Society adopted after some discussion:

Whereas, At the recent session of the American Medical Association, a preamble and resolution were offered for the consideration of said Association, purporting to represent the sense of the St. Louis Medical Society upon the propriety of preparing a new code of ethics, or altering and changing the existing code in accordance with the present relations of the profession; and

Whereas, In said preamble the assertion is made that "the Code has accomplished all it was designed it should, but at present many of its features are obsolete and not adapted to our wants. The necessity of an early revision is very apparent, is loudly called for in all parts of our land, and can not be repressed much longer. . . . The time has come when the loud and very soon universal call will have to be heeded;" and

Whereas, the St. Louis Medical Society did not instruct, "That the committee be authorized to prepare a code of ethics which in their view will meet the wishes of the profession, and submit the same to the meeting of 1884;" therefore,

Resolved, That the St. Louis Medical Society distinctly repudiates the statements contained in said preamble, and again expresses its fealty to the existing Code of Ethics as a time-honored and most suitable fundamental law of the profession, and specially deprecates any action calculated to reflect upon its loyalty to those principles which have heretofore secured immunity from the machinations of schismatics within or enemies without.

PROFESSOR VIRCHOW AND SECRET REMEDIES.—During the last ten years there has been held annually in Germany a session of a congress, or union of medical men, representing the various medical societies of the country, having for its object mainly the guidance of medical ethics. Professor Virchow—than whom none has been more zealous in upholding the honor and dignity of the profession—has unwittingly and, as we think, unjustly fallen under the ban of this body. He has been charged with giving a testimonial to a secret remedy, the *Pilulæ Helveticæ* of a Dr. Brandt, of Schaffhausen; and doubtless many of our readers have themselves received the laudatory notices which accompany these famous “pills,” the distribution of which has not been limited. Virchow, in a letter to the *Berliner Medizinische Wochenschrift*, marvels at the amount of displeasure which he has apparently incurred. He says that he received some of the *Pilulæ Helveticæ* last winter, with a letter from Dr. Brandt asking him to give them a trial. Some time afterward came another appeal, and, being himself in the need of such a remedy, he tried their effect upon himself. The result was so satisfactory that he penned a few lines to the inventor, which the latter forthwith published without Virchow’s sanction, pleased, no doubt, when such testimony came from so high a quarter. From that time Virchow has had no peace—letters and circulars, signed and unsigned, have been addressed to him, complaining that he was violating the ethical law in giving a testimonial of a secret remedy; and this has culminated in the remonstrance addressed by the chairman of the committee of the *Aerztevereinbund*. The committee also procured an official analysis of the pills, which, however, only went to show that their composition was nothing very extraordinary. Virchow denies that he ever gave a testimonial at any time for these or any other pills. He withdraws from the Bund, and appeals from its arbitrary action to his medical brethren at large to pass a judgment free from the paltry and narrow trades-unionism which characterizes this act. The editor of the *Berliner Med. Wochenschrift*, Dr. Ewald, also strongly deprecates this mistaken zeal of the Bund in attacking a man like Virchow at the instance of apothecaries, who notoriously strive in every way to advertise their wares, and points out that the advertisements of these “pills” differ in no respect from those which appear in his journal

every week. The incident is to be regretted, for had Virchow really lent his name to a testimonial in favor of a secret remedy, the Bund might be praised for not hesitating to take action against so eminent an authority. But seeing the circumstances under which the offending lines were written and the fact that the composition of the pills is made no secret, Virchow should not have been subjected to molestation. At the most, he might have been asked to insist on the withdrawal of the publication of his letter, for which, indeed, he never gave permission.—*Lancet*.

THE KENTUCKY STATE BOARD OF HEALTH. We have observed, not without surprise, some harsh strictures on the Kentucky State Board of Health by our respected contemporaries of the Louisville Medical News. Dr. J. N. McCormack, president or member of the board, defends that body in a temperately written letter contained in a recent number of the NEWS. If the statements made by Dr. McCormack be true, and they carry conviction on their face, the manner in which they are disposed of by the editors appear to us unfair and unjust. Knowing how much Boards of Health, State and local, have to bear in the way of criticism and censure from a variety of sources, professional and non-professional, and the limited authority mostly allotted to them and the unpardonable stinginess nearly always manifested in defraying their expenses, our sympathies are on their side. Very few of those who censure them would be willing to do the work, or would do it better if they were to undertake it. It is worthy of note that men holding public positions, involving much labor with little or no compensation, are more uncharitably dealt with by the public than those who enjoy liberal salaries with less work. Of this kind of work our profession performs much more than its share. All other professions and occupations taken collectively give to the public less unpaid labor. This consideration should go far toward warding off the censure of the public, but more particularly should it protect from censure by comrades in the profession. While we admire candor and frankness we have no liking for the practice of cutting right and left into the fraternity wherever errors or shortcomings are detected or suspected. A becoming *esprit du corps* ought rather to conceal or apologize for faults in the family. These remarks are designed for general application, without special reference to the Louisville journal, which is

always among the most welcome of our exchanges.—*Pacific Med. and Surg. Jour.*

[This criticism is full of good sense and good feeling. It is written in the interest of the profession, and we copy it with pleasure. We do not claim infallibility, and we readily admit that in our comments on the Kentucky Health Board we were rather severe. Our strictures were however by no means entirely undeserved, but on some points we were misinformed and in consequence were to some extent unjust. The members of the Kentucky State Board of Health are honorable and worthy men and deserve praise for the work they have done. We are glad to know that they deem the criticisms of the *News* to have been of service to their body, although the language used by us was not as gentle as it might have been. The board has our best wishes, and may rely on us as a faithful ally in all of its wise undertakings.]

KENTUCKY PHARMACY.—The State Board held its regular semi-annual meeting yesterday at the Louisville College of Pharmacy. The law governing the sale of medicines and poisons was again considered, and was discussed at considerable length. As the law now stands, in towns whose inhabitants do not number five thousand, drug clerks are not required to have certificates of registration. The board thinks that it is just as necessary to have competent pharmacists in small towns as in large ones, as the people of the small places are as liable to suffer from the mistake of an incompetent clerk as in a city; and the tenor of the discussion yesterday was to have the law changed so as to include all towns that are incorporated. It was reported that, since the last meeting in January, there had been registered eighteen practicing pharmacists and twenty-four assistant pharmacists. A morning and an afternoon session was held, and the board adjourned to meet six months from now.

The Executive Committee, composed of J. F. Fowler, J. A. Flexner, and C. Lewis Diehl, is still engaged in examining the applicants for registration, but will probably finish its labors to-day and report the names of those who have passed.

A SUPPLE TONGUE.—Dr. E. F. Ingalls, of Chicago, writes, in the *Medical News*: Last winter a gentleman, who happened in my office with one of my patients, asked me what I thought of the possibility of passing the tip of the tongue behind the palate into the vault of the pharynx. I told him I

thought it might be possible, but extraordinary, whereupon he proceeded to demonstrate it by slowly turning the tip of the tongue backward and carrying it behind the edge of the palate to the vault of the pharynx. He said that he had first attempted the feat for the purpose of dislodging collections of mucus from the post-nasal space. It required considerable practice, and at one time, while learning it, he had been seized with a spasm of the muscles of the tongue that nearly choked him. He now accomplishes it as easily as the protruding of the tongue from the mouth, and he has acquired so much dexterity that he can tell accurately the condition of the turbinated bones as to swelling.

The catarrhal condition which first caused him to practice this method of freeing the parts has entirely disappeared, and now nothing abnormal can be seen either in the pharynx, palate, or tongue, excepting some swelling of the turbinated bones at their posterior ends.

MISADVENTURES.—Some time since Prof. Polk, of New York, removed a diseased kidney from a patient. At the post-mortem soon after, it was discovered that this was the only kidney the patient ever had. A few years since a Louisville doctor cut away from a parturient woman what he took to be a long piece of umbilical cord. It was the small intestine, and death soon followed. Lately, in Chicago, Prof. Gun injected a nevus on the face of a child with a few drops of chloride of iron solution. Immediately there was a slight convulsion, and the child was dead.

IN Hendon Churchyard, England, on a monument to Thomas Crossfield, Esq., M.D., are found these lines:

"Beneath this stone Tom Crossfield lies,
Who cares not now who laughs or cries;
He laughed when sober, but when mellow
Was a harum-scarum fellow.
He introduced the use of savin,
In those diseases like to spavin;
He gave to none designed offense,
So 'Honi soit qui mal y pense.'"

MASTODON GRAVEYARD.—The city of Dallas, Texas, is said to be built over a graveyard of mastodons, and for five or six years past excavations for buildings have seldom failed to bring up their bones. A large number of these mastodon remains were unearthed recently, and some of the bones were of enormous size.

THE St. Louis Courier of Medicine thus pays a merited compliment: "The Louisville School of Pharmacy for Women will be fully equipped and ready to commence a full course of study next fall. All necessary apparatus will be provided for the chemical and pharmaceutical laboratories, and arrangements have been made for adequate financial backing. It is safe to predict a successful future for this institution. It is one of the very few new institutions the want of which has really been felt."

OH! OHIOANS!—"We notice in the Cleveland (Ohio) daily papers," says the Peoria Medical Monthly, that there was not entire unanimity of purpose and feeling among the members of the Committee of Arrangements of the American Medical Association. Some of the most prominent members of that committee even came to blows—to their own disgrace and the disgrace of the profession."

[Well, it is better to come to blows, than to resort to shots, as they do sometimes in Kentucky, and the New England practice of simply blowing is still gentler and safer.]

WOMB DISEASE IN SQUAWS.—Dr. Tauszky, of New York, says, from his experience on the frontiers, that it is not only among the civilized, but also among the savages that women suffer from diseases peculiar to their sex, and states that gynecological affections among the squaws were not at all uncommon. He attributes a large percentage of these conditions to early rising after parturition.

[So the old erroneous beliefs melt away under scientific observation.]

ARE French flats healthy? Yes, very. Are the people in them healthy? No. Why? They have to starve and go half naked to pay the rent. Why are these flats called French flats? To distinguish them from American flats. What are American flats? The people who live in French flats.—*Life*.

INFANTILE MORTALITY.—From 1856 to 1870 there died in Massachusetts, in each year, nearly fourteen out of every one hundred children under one year of age.

HONEST doctors and mackerel have this in common, that they are seldom caught out of their own school.—*Boston Post*.

ONE-SIDED BABIES.—In carrying children in the arms care should be taken not to carry them habitually on the same side, as this tends to make them one-sided, a condition that may be frequently observed in all the children of a mother who can nurse only from one breast. Not only the bodies, but the heads and faces of a whole family can sometimes be drawn over to one side. The only remedy is to change the position frequently, a very difficult thing for such mothers to do, but something that good-will and attention can accomplish.—*Exchange*.

SUGAR AND BILE.—Fothergill, in the Medical Times: With a large class of physicians sugar is a forbidden article as such, and as being injurious to the bilious. But I join issue with these gentlemen as to the fact of sugar being undesirable for bilious persons. Bile is not formed from the saccharine but from the albuminous elements of food. The bile-acids both contain nitrogen, and one contains sulphur; neither of which bodies is formed from sugar. But both exist in albumen.

WANDERING LIVER IN A MAN.—At the meeting of the Society of Physicians of Vienna, June 4th, Dr. Felix Schwarz showed a case of wandering liver in a man, a very great pathological rarity. There have been only two cases in men and thirteen in women reported.—*The Medical Record*.

LUMINOUS PAINT.—Mr. W. J. Land suggests, in the British Medical Journal, that the "luminous paint" might be made of great advantage, especially in country places where gas does not abound, either to paint "name" or "night-bell," or a circle round the latter.

COMPOUND SYRUP OF THE HYPOPHOSPHITES.—An analysis of one of the most popular and expensive brands of the "syrup of the hypophosphites" gives five grains of the hypophosphite of soda and potassa, half grain quinine, and a minute trace of strychnia in each ounce, and the vehicle or body of the syrup is glucose.—*Pacific Med. and Surg. Jour.*

LAME DUCKS.—We have on our books the names of quite a number of subscribers who are much behind in their accounts.—*Pacific Med. and Surg. Jour.*

[Can this be possible? What do some of the readers of the NEWS think of it? *V. s.*]

The Louisville Medical News.

Vol. XVI. SATURDAY, JULY 21, 1883. No. 3.

LUNSFORD P. YANDELL, M.D., - - }
L. S. McMURTRY, A.M., M.D., - - } Editors.

A Journal of Medicine, Surgery, and the Allied Sciences, published every Saturday. Price \$3.00 a year in advance, postage paid.

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CHOLERA AND YELLOW FEVER.

Just now the journals, medical and lay, at home and abroad, are full of comments on these possibly coming calamities. In Havana and in some of the Mexican sea towns yellow fever has existed for a considerable time, and lately ships with this disease on board have been reported in several of our southern and northern ports. Cholera has also been for some weeks more prevalent than usual in the eastern countries, and has, it is said, lately appeared to a limited extent in London.

Unfortunately the scientific, methodic study of disease has not yet been sufficiently long and thoroughly prosecuted to enable us to predict with any certainty as to the advent or course of pestilences. Medical statistics at present are, in the main, not implicitly or even greatly relied on, save by credulous enthusiasts and hobby-riders, who, in their ardor for material to build up and strengthen their theories, greedily accept any assertions or deductions which coincide with or lean toward their favorite views.

A very rainy season is predicted, on the one hand, as the forerunner of great sickness because of the earth's saturation with moisture and the overflow of wells, springs, etc.; on the other hand, it is declared the probable protector of health by washing

away the surface filth from the gutters, sewers, and sluggish streams. A very dry season is by some deemed conservative of health in consequence of diminished decomposition, and by others dangerous, since the pools and streams and improperly constructed gutters and sewers, not being flushed and remaining stagnant, give forth by evaporation poisonous gases and parasites. Each of these theories has its advocates, and those who guess right vainly plume themselves as prophets; while those who guess wrong straightway set about accounting for and excusing their mistakes. A few years since, when yellow fever was rife in the South, and there was much alarm among the people of this city, the writer's opinion being asked, he publicly declared that yellow fever in Louisville was an impossibility; that in this climate its development could no more take place than could the successful propagation of certain tropical flora and fauna. It might be brought here, but it could not be contracted here from any source. It could not live and produce its like here. Very soon after this the writer saw, in consultation with Dr. P. B. Scott and Dr. D. W. Yandell, a genuine case, which soon proved fatal, in a railway depot clerk who had not been out of the city. This was Louisville's first native case. From the same office, soon after, another clerk was attacked. During the next few weeks the writer saw a number of fatal cases of yellow fever in a circumscribed district near the Louisville & Nashville Depot, among residents who had not been out of town for months. Since then the writer has not attempted prophecy. That yellow fever or cholera will prevail to any great extent in any civilized land this season is improbable—improbable for two reasons: First, threatened calamities seldom materialize. Rumors of wars are frequent, but wars are rare. Apparent dangers abound on every hand, but real safety is immeasurably prevalent. In the second place, as the science of sanitation is developed and disseminated year by year, and the environ-

ments of the people improved, the chances of the prevalence of epidemics are no little diminished. Therefore we do not believe there is cause for apprehension in this country, at least, on the score of cholera or yellow fever.

A NOBLE CHARITY.

Mr. John P. Morton, head of the great Louisville publishing house, has nearly completed, and will soon turn over to its Board of Trustees, the Church Home and Infirmary.

Already Mr. Morton has expended one hundred thousand dollars on this institution, and, in order to thoroughly equip it and place it upon a permanent basis, it is probable that he will expend as much more. Erected on an elevated plateau, in what is known as the "Highlands," this building commands a beautiful view of the fair city at its feet, of the grand Ohio River, and of the forest-covered hills which nearly encircle Louisville.

It is a beautiful and an imposing structure, perfect in its ventilation, its lighting and heating, as well as in its culinary, laundry, and drug departments. It has a capacity of over one hundred beds, each patient having a separate room with a window, an open fire place, and a door opening on a spacious passage. The walls and ceilings of the halls and apartments are without angles, being smoothly rounded. The floors and other wood-work are of polished yellow pine, one of the richest of American woods. In the top of the building a commodious play-hall is provided for the children in inclement weather.

The Church Home and Infirmary is a triumph of scientific architecture. We have seen no similar building, in this country or abroad, in the arrangements of which comfort and sanitation are so perfectly secured. It is a magnificent boon to the indigent invalids of the Episcopal Church for whom it is chiefly, though not wholly intended.

A certain number of beds are retained for pay patients.

Mr. Morton is one of Louisville's best and best loved and oldest citizens. Though already passed three score years and ten, his erect carriage, elastic step, bright eyes and clear intellect, bespeak for the noble gentleman many more days to come of happiness to him and of usefulness to his fellow-men. May he live long and prosper, is the cordial prayer of all who know this wise philanthropist.

Bibliography.

MALARIAL POISONING, THE CAUSE OF HEMATURIA. Reprint from the Transactions of the Medical Association of Georgia at its thirty-third session, held at Atlanta, 1882, with an Appendix. By W. O'Daniel, A. M., M. D., Bullards, Georgia, Member Macon Medical Association, Ex-President Medical Association of Georgia, and Member American Medical Association. Macon, Ga.: J. W. Burke & Co., Printers, Stationers, and Binders. 1883.

QUARTERLY COMPENDIUM OF MEDICAL SCIENCE. Edited by D. G. Brinton, M. D., and Joseph F. Edwards, M. D. July, 1883. Office at No. 115 South Seventh Street, Philadelphia.

A most excellent, useful publication, worthy of its able editors.

HOW CAN WE OBTAIN AND PRESERVE THE BEST EYESIGHT and HEARING? A Paper read before the Sanitary Convention at Greenville, April 11, 1882. By Leartus Connor, A. M., M. D., of Detroit, Mich. Reprinted from the Annual Report of the Michigan State Board of Health, for the year 1882.

THE PATHOLOGY AND MORBID ANATOMY OF TUBERCLE. Report to the Wisconsin State Medical Society. By N. Senn, M. D., of Milwaukee, Chairman of Committee on Pathology. Reprint from the Transactions of the State Medical Society of Wisconsin. Milwaukee: Printed by Sentinel Co. 1883.

MANUEL DES INJECTIONS SOUS-CUTANÉES, par Bourneville Médecin de Bicêtre et Bricon Docteur en Médecine. Publications du Progrès Médical. Paris: Librairie du Progrès Médical, 6 Rue des Écoles. A. Delahaye and E. Lecrosnier, Éditeurs, Place de l'École de Médecine. 1883.

Correspondence.

PYOPLANIA.

[The following interesting case is reported by request of the editor of the *News*. Mr. McC. came under the editor's observation July 10th. The tissues of the entire abdominal walls seem glued together as the result of inflammatory processes. The right testicle is greatly enlarged and indurated, and the induration embraces the entire perineum. On July 12th, an abscess containing half pint of pus was opened in the right side of the scrotum. Slight discharge continues, but the patient is rapidly gaining flesh and strength. The patient states, July 15th, that for some weeks before consulting Dr. Seys he had had what he thought to be dumb chills, but which resisted quinine.]

Editors Louisville Medical News:

In May last, Mr. McC. consulted me, complaining of general malaise and such symptoms as led me to believe that he was suffering from an attack of acute indigestion. For this I prescribed a mixture of tinct. gent. comp., tinct. rhei and liquor potassæ. Did not see him for a week or more, when I was desired to visit him. I found that he had had a severe rigor, followed by some fever and profuse sweating—the latter lasting some hours. Prescribed an antiperiodic in full doses, supposing the attack to be malarial. The chill, fever, and sweating were repeated despite the treatment for a number of days, but not at such regular intervals as to confirm my diagnosis, but rather the reverse, and compelled me to seek some other cause for so great a constitutional disturbance.

My patient then informed me that he suffered from congenital phimosis of the extreme degree. He had never been able to micturate without much difficulty, the expulsive effort being so great as not infrequently to cause involuntary defecation. No history could be obtained of any venereal trouble, general condition good, constitution vigorous, unimpaired by excesses of any kind; age about forty, by trade machinist, native of Kentucky, and had been living until quite recently in Colorado.

On examination I found complete phimosis. Preputial orifice would not admit a No. 6 catheter. An ordinary probe passed through the orifice failed to detect any meatus, and was obstructed in every direction by adhesions of foreskin to glans penis.

This condition I (erroneously?) deemed

the cause of the chill and subsequent symptoms, and determined to slit up the foreskin so as to relieve the patient at least of his difficult micturition. An anesthetic having been administered by Dr. J. H. Rogers (who kindly saw the patient frequently with me afterward, as did other professional brethren), the prepuce was incised upon the dorsum as far as the adhesions would permit, and also parallel with the frenum on the under side.

On exposure, found the meatus would barely admit a small probe. Glans penis and mucous surface of prepuce perfectly adherent, save for a small space around the mouth of the urethra. Inasmuch as my patient was much needed by his employers, this being an exceedingly busy time with them, and was anxious to get to his post, I determined to proceed no farther with the operation, believing that enough had been done to relieve him of his life-long trouble in a degree at least. I ordered a cold-water dressing.

On morning after operation found patient doing well, able for the first time in his life to "throw a stream." At the end of four or five days slight intumescence of scrotum and an erythematous blush over abdomen appeared. The parts were not especially tender to the touch, and no marked constitutional symptoms, chill, or fever had up to this time appeared. Ordered warm acetate of lead solution as a dressing. No apparent change in case visible for one or more days, rather improving. Omitted visit one day.

On seeing him again, was shocked, on entering his room, at the horribly fetid odor that greeted me, and the grave appearance of the case. On examination, found large quantities of extremely offensive gaseous pus discharging from an orifice in the scrotum near root of penis, and dark spots of threatened gangrene on sides of penis and over almost the entire scrotum. Marked erythema extended over major portion of abdomen, integument and subjacent tissue thickened. Palpation revealed crepitation over region bounded by pubis below, ensiform cartilage above, and extending full width of body. Facial expression good; condition of incisions in prepuce good; rate of pulse and temperature not remembered; prognosis grave. Ordered twenty-five drops of tinct. ferri chlor. every four hours, five grains each of quinia bisulph. and pulv. doveri every four hours, alternating with the iron; the genitals and abdomen to be

thoroughly smeared with brewer's yeast and covered with a fermentable poultice, to be renewed every four hours; over poultice, cloths wet in hot water to be applied and covered with oiled silk; stimulants and liquid nourishment *ad libitum*. Chlorine gas set free in the room continuously.

Condition the next day about the same. Used aspirator. Entered needle not far from anterior superior spinous process of ilium, which soon became obstructed from broken down tissue and blood-clot, and enlarged opening with bistoury. Secured free discharges of most offensive gaseous pus. Compressed walls of cavity toward the opening with adhesive plaster.

Treatment continued, and was not changed until patient convalesced—which he did in about four weeks, during which time other openings occurred or were made in scrotum, penis, and abdominal walls. The last large collection of matter was in the right portion of abdominal wall, extending from crest of ilium nearly to the lower border of liver; evacuated by puncture with bistoury; orifice made as small as possible and kept open by tents.

Singular as it may seem, during the entire case, although surrounded with an atmosphere of the most offensive character, bathed in putrid pus no small portion of the time, the wound in the prepuce was never disturbed in any way, and healed without trouble.

HENRY H. SEYS, M.D.

SPRINGFIELD, O., July 12, 1883.

LONDON LETTER.

Editors Louisville Medical News:

I at last attempt to comply with your request of some months since—to write you occasionally from here.

While at Dublin, Belfast, and Glasgow, I saw nothing in surgery of especial interest.

The much-talked-of Richmond Hospital in Dublin surprised me very much. I can't see how a *well* person can live in it; and it is certainly astonishing how a sick person can get well in it. The building must be at least two centuries old—low, large, dirty, smoky, badly ventilated, out of the way, almost surrounded by taller buildings, and very hard to find. Yet, when we think of the Irishman with his wife and seventeen children living in the same mud house with his pig and cow, and all subsisting on what is grown on two acres of land, after paying

\$20.00 rent, I suppose we should not be so much surprised that the mortality within the walls of the Richmond is lower than that of any modern, well-kept hospital of a similar magnitude in Europe. (How long would an Irishman live in his native land if he had the advantages of the average American?)

Belfast is the second in size and commercial importance, and certainly the cleanest town in Ireland. It contains about 200,000 people, and has, at least, one large, commodious and well-ventilated hospital—the Royal. This is new, clean, very well managed, and not overcrowded.

In Glasgow, it is useless to say, there are a number of first-class hospitals, under the control and management of some of the best men in Scotland.

In Edinburgh the Infirmary attached to the University is certainly the nicest and best regulated hospital that I have seen in Europe. There I had the pleasure of meeting Mr. Keith and seeing him operate a number of times for ovarian tumor. However, the man in whom I was most interested there was Argyll Robertson. He is one of the most pleasant men that it has ever been my lot to meet. As a teacher, I never saw any one take so much time and pains to explain and demonstrate until every thing he says and does is apparently perfectly plain to the dullest student. As an operator he is very patient and gentle, steady, dextrous, and quick. Just here I will say that his treatment for suppurative keratitis from any cause, and especially for supuration of the cornea after an operation, is the frequent application of nitrate of silver, twenty grains to the ounce; and he says his success is a hundred per cent greater than before he adopted its use a few years ago. After an operation for cataract, he removes the bandage on the second day and allows his patient to sit up.

In London the greatest excitement that has prevailed among the profession for some months has been the pending bill before Parliament to repeal the law of "compulsory vaccination," which came up last week, and was gloriously defeated by a vote of 280 to 17. That some really good men in other respects should oppose compulsory vaccination is more astonishing than the mortality reports of Richmond hospital. If there is no other way to get a national law of the same kind in the United States, I believe it would be a national blessing if smallpox would break out in Congress.

In a future letter it may be of interest to

some of your readers to say something about the expense and general requisites of a medical man visiting Europe, and the advantages offered at different places.

WM. HARVEY HARDISON, M.D.

Editors of Louisville Medical News:

The following notes on a case of nevus may be of interest:

W. C., a young man, twenty years old, muscular and well developed, has a capillary nevus covering the entire left hand, and arm as high as the elbow. It is of a dark purple color. The left wrist is a quarter of an inch more in diameter than the other. At twelve years of age, he could hold out fifty pounds' weight at arm's length with the left hand, while the other was no stronger than in other persons. He has other smaller nevi.

LEVI CHASE, M.D.

IRVING, KANSAS, June 25, 1883.

Medical Societies.

KENTUCKY STATE BOARD OF HEALTH.

The State Board of Health met on the 12th inst. at the secretary's office. Present—Dr. Thompson, Dr. Dunlap, Dr. McCormack, and Dr. Speed.

Dr. Thompson presented a paper for the forthcoming report on the causes of typhoid fever; also one on the local powers of the Health Boards, State and local, written by Yeaman and Sockett, of Henderson, for which paper the board tenders thanks to those gentlemen.

Dr. Dunlap presented a paper upon the structure of school-houses. This paper is based upon examinations made by Prof. Eddy, of Danville. It is one of importance, and should be read by all school boards contemplating such buildings.

Dr. McCormack read a paper upon the sanitary status of Bowling Green, past and present. This paper shows clearly the value of a pure drinking-water as compared with waters contaminated by leaking cess-pools, such as characterized the town in its early history.

Dr. McCormack was requested by the board to visit the penitentiary and the working camps of the convicts, and report upon their sanitary condition. In view of the newspaper reports as to the exposure and

insufficient feeding of these convicts, it is due to the State that the facts be known, and this board regard it as their duty to make such investigation as will present the facts from a sanitary stand-point.

It was ordered that two thousand copies of the coming State Board report be printed.

The meeting adjourned to meet at Glasgow on the second of October, so as to work in unison with the Sanitary Council of Kentucky, which meets at that place October 3rd.

Selections.

THE RISKS OF "MASSAGE."—Dr. Julius Althaus, M.D., says, in the *British Medical Journal*: "Massage," which has for a long time been the Cinderella of therapeutics, has recently seen a considerable change in its fortunes, and become as thoroughly fashionable as mesmerism and homeopathy have been at previous periods in the history of medicine. The "Weir-Mitchell treatment" more especially, which has been found very useful in some obstinate forms of hysteria, is now being indiscriminately applied to all sorts of cases of cerebral and spinal disease of which loss of power forms a conspicuous symptom; and it is therefore time that we should say, "Hands off!" lest a procedure which does good in a limited class of cases should suffer by the excessive praises of injudicious partisans, and eventually be thrown aside altogether.

Prof. Busch, of Berlin, who has written the most recent and sensible treatise on massage and gymnastics (in vol. ii, part 2, of von Ziemssen's *Handbuch Allgemeinen der Therapie*, Leipzig, 1882), recommends these proceedings chiefly for the treatment of deformities and of muscular pain. Among nervous affections which have thus been treated, he mentions scriveners' palsy, stammering, some forms of hysteria, and muscular paralysis or paresis after poliomyelitis, without, however, saying much in favor of this treatment in the latter conditions. It is well known that at various times epilepsy, idiocy, and some forms of insanity have been treated by massage and gymnastics; but, fortunately, we now hear very little of such therapeutical aberrations.

It appears to me that diseases of the brain and spinal cord must, on account of the anatomical situation of these organs, be inaccessible to the influence of massage,

which can only be applicable to more superficial parts of the body. Apart from this, however, it is important to consider that many of the most important diseases of these organs are of an inflammatory or irritant character, either primarily or secondarily; and this should make it self-evident that massage should not be used for their treatment, even if the suffering parts could be reached by it. I will here only allude to many forms of cerebral paralysis from hemorrhage, embolism, and thrombosis, which are followed by sclerosing myelitis of the pyramidal strands, and most forms of primary lateral, posterior, or insular sclerosis of the spinal cord.

It is only charitable to assume that the advocates of massage, who recommend their favorite procedure in such and similar cases, are somewhat at sea with regard to the pathology and diagnosis of diseases of the nervous system.

That which may be good for developing and strengthening healthy muscles, or muscles which have been enfeebled by disuse or certain local morbid conditions, etc., is not for that reason suitable for the treatment of muscular paralysis owing to central disease. In most cases of lateral and insular sclerosis, which are, unfortunately, now much treated with massage and exercise, rest is indicated rather than active exertion; and overstraining of the enfeebled muscles acts prejudicially on the state of the nervous centers. I have recently seen quite a number of instances in which the central disease had been rendered palpably worse by procedures of this kind; and in a case of cerebral paralysis which was some time ago under my care the patient had, after four such sittings, been seized with collapse, which nearly carried him off.

AWFUL DOSES OF CROTON-OIL AND OPIUM. Surgeon McGregor, M.D., in his book, *On the Principal Diseases affecting European and Native Soldiers in the North-Western Provinces of India*, published in 1843, in Calcutta, states that dysentery and cholera were successfully treated by him by as much as "fifteen drops of croton-oil in the course of twenty minutes, or nineteen drams of laudanum in the same number of successive hours, the doses of croton-oil being occasionally increased to twenty drops," without causing any untoward consequences whatever. Dr. McGregor further states that "the smallest dose of opium given for sedative purposes in hypercatharsis was from

three to six grains; while in cholera it was given to a much greater extent."

Dr. G. C. Wallich, commenting on this in the *British Medical Journal*, says: On the merits or demerits of this practice I have no desire to express any opinion; but of this fact I still entertain a vivid recollection (and what I state can easily be confirmed by other medical officers who were stationed at Kurnal in the years named), that many cases *did unquestionably survive and recover*, if they did not actually owe their recovery to this supremely heroic treatment. Under any circumstances, it must, I think, tend to convince all who give the matter their serious thought, that there is even yet a good deal to be learned concerning the action of some of the most powerful known drugs upon the human organism, when it is already under the fierce spell of some form of blood-poisoning.

HAY-ASTHMA.—The editor of the *British Medical Journal* says: Dr. Bulman advised that diluted ointment of the nitrate of mercury should be applied to the eyelids; this he found greatly allayed the conjunctival itching and smarting, and he thought it also diminished the irritability of Schneiderian membrane by being carried into the nostrils with the tears. Dr. Elliottson's favorite remedy was a solution of chlorinated lime or soda, used as a wash to the face and as an inhalation. Arsenic has been praised as a good remedy in hay-asthma. Dr. Ringer states he has found it of little or no value in true hay-fever, that is "where the paroxysmal sneezing is excited by pollen." Dr. Hyde Salter strongly recommended ipecacuanha. We lately met with a case of hay-asthma in the person of a surgeon, who found marked relief from frequently bathing his face with very hot water.

PULVIS GLYCYRRHIZÆ COMPOSITUS OF THE PRUSSIAN PHARMACOPEIA.

R Pulveris senna,	j;
Ext. glycyrrhizæ,	j;
Semin. fœnicul,	ss;
Sulphur. precipit.	ss;
Sacchar. albi,	iiij.

M. Dose, one or two teaspoonfuls at bedtime.

Said to be especially useful in constipation with a tendency to hemorrhoids.

CRYSTALLINE ELATERIN.—At a meeting of the New York Academy of Medicine in April Dr. Griswold read a note upon crystalline elaterin, which, he said, had been found, after considerable experience, to be

a thoroughly reliable article, and of uniform excellence, while most of the other preparations of elaterium (which was well known to be really one of the most efficient of hydragogue cathartics) were so unsatisfactory and variable in their action, that the profession had to a great extent given up the use of the drug.

A NEW PROPERTY OF THE RED BLOOD-CORPUSCLES.—At a meeting of the Italian Medical Association (*Annali Univ. di Med.*) Dr. Fano related his experiments with peptone, and spoke of the rapid cessation of the reaction of peptone in the blood. He demonstrated the transformations of peptone absorbed by the digestive tract or transfused into the blood-current, and how peptone may be transformed and stored up by the morphological elements of the blood. The transformation consists in a process of dehydration, by which the peptones are changed into coagulable albuminoids. The active elements of this transformation are the red corpuscles, which, assimilating the peptones that enter into the circulation, increase the specific weight. It is probably to the potash salts which the red corpuscles contain that this dehydration of the peptones is due, by which they are transformed into globulin. For this process to take place, the presence of oxyhemoglobin is an indispensable condition. The stored-up albuminoids serve as a reserve supply of aliment, which is given up to the tissues as required.—*Medical Record*.

NOTE ON DISINFECTANTS.—Dr. W. E. Buck writes in the *British Medical Journal*: "Most practitioners must have often realized the inefficiency of disinfectants in allaying the fetor of cancerous ulcers, an annoyance which sometimes troubles patients even more than the pain, or the thought of death. I have used the whole round of disinfectants for cancerous ulcers, but all have failed in allaying the fetor, and keeping the ulcer clean. The disinfectants tried were carbolic acid, sanitas, terebene, resorcin, creasote, boroglyceride, chloride of zinc, charcoal, etc. After failure with these, I tried a saturated solution of hyposulphite of soda, added to an equal quantity of water, and found it exceedingly efficacious. The ulcerating surface was well syringed and washed with the solution, and then covered with rags steeped in the solution. The granulations were kept clean, and the fetor was well kept under. Most disinfectants seem

to lose their virtue after a few days' application, but I have used this one for months in the same patient with continuous good effects. It is cleanly, has no smell, does not stain, and is very cheap. I venture to recommend it to the favorable consideration of your readers, feeling sure that they will not be disappointed if they try it, and I should be glad to hear the results of their experience."

REMOVAL OF A MAXILLARY TUMOR BY MEANS OF THE DENTAL ENGINE.—Mr. F. A. Nixon successfully removed an osseous tumor of the upper jaw by means of this instrument last Saturday in Mercer's Hospital. (*British Medical Journal*.) The patient was a young country girl, and the tumor, which caused considerable deformity, extended upward to the floor of the orbit and backward to the pterygo-maxillary fosse. A great and important advantage in the operation, as performed by Mr. Nixon, was that the small circular steel saws used were employed from the mouth, no incision having been made in the cheek, and an unsightly cicatrix consequently avoided. The operation occupied one hour and ten minutes in performance. No difficulty was met with in using the saws, which, being so small in diameter, one quarter and one half inch respectively, were readily worked in a limited space, and could be guided by touch alone. This, in a difficultly accessible region such as the pterygo-maxillary fosse, is an advantage of no little importance. The patient is progressing favorably.

TAPEWORM A CAUSE OF APHASIA.—Dr. Armangué relates (*Jour. de Méd. et de Chir. Prat.*) the case of a woman of sixty who was seized with vertigo, and a few days later lost the memory of words for some days. After the expulsion of a tapeworm there was no return of her nervous troubles. He quotes a case of aphasia in a child cured by the expulsion of numerous tricocephali, published by Daniel Gibson; and a case of aphasia coinciding with tenia, published by Siedel. The editor adds a case of reflex hemiplegia and hemianesthesia, with convulsive seizures, in a little girl of twelve, cured by expelling a tenia, observed by Langer in Germany.—*Medical Record*.

INFUSION of jequirity, or licorice bean, in inveterate pannus, with an account of several successful cases is reported (*Medical Record*) by Edward S. Peck, M.D.

SOME CASES OF FEVER ACCOMPANIED BY HERPES OF THE PHARYNX.—Wm. Dyson, M.D., of Sheffield, reports in the Medical Press, June 20th, four cases of this kind, and concludes as follows: I gathered from frequent professional intercourse with other practitioners that an extensive epidemic of cases similar to the above prevailed in this neighborhood in January last. The exact nature of the disease is not very clear to my mind. It seems unfair to designate by the name of febricula an illness of such great, though short, severity. The aspect of the throat was not like that form of herpes which by the confluence of its vesicles so frequently gives rise to the so-called membranous sore-throat. It is probable that the disease was contagious. Case II probably took it from her sister Case I; and Case IV, the son, from his mother, Case III. The distress in the throat seemed totally disproportionate to the amount of lesion. All the four cases had a distinct neurotic tendency, and this may have been, and must often be, an important element in modifying the amount of pyrexia in acute disease. The delirium at the onset, and the unusually great prostration after the pyrexial stage had subsided, suggest that we had to deal with something more than an ordinary sore-throat and gave anxiety to the doctor and distress to the patient. Side by side with this epidemic, it should be stated that many cases of rheumatic fever occurred which had at the onset pronounced throat symptoms; and a case of typhoid which I saw commenced with severe pain in the joints and sore-throat.

GALUUM APARINE AS A REMEDY FOR CHRONIC ULCERS.—The English Physician, by Nicholas Culpeper, in 1741: "The juice also is very good to close up the lips of green wounds, and the powder of the dried herb strewed thereupon doth the same, and likewise helpeth old ulcers."

MOIST HANDS.—Mr. H. A. Smith writes, in the British Medical Journal: Moisture of the hands (local hyperidrosis) is a purely functional disorder of the skin, due to disturbances of the nervous system. Stout women, generally servant girls, suffer from it, although the fair votaries of the ballroom and members of good society, together with those of lithe and nervous habit, occasionally come under notice. It may or may not be attended with pain and inflammation, dysidrosis or fetor-osmidrosis, or, more rare-

ly, pigment-chromidrosis. As a rule, the axilla and feet sympathize more or less. As the condition appears to be due partly to abnormal vascular conditions, but mostly to irritability or undue stimulation of the vaso-motor nerves, probably of central origin. The following lotion will be found exceedingly useful:

R Liq. plumbi subacetatis, ʒiii,
Sp. vini methylati, ʒj,
Aque rosæ ad, ʒx,
Fiat lotio.

The lotion to dry on, and the hands subsequently to be dusted three times daily with powder composed of equal parts of calamine and starch-powders. The patient should wash the hands always in cold water, and well dry them, and should avoid malt and all fermented liquors, pickles, spices, tea and coffee (taking cocoa), and be sparing in the use of sugar. The lotion failing, she should wash the hands thrice daily with carbolic acid soap in soft water, in which half a dram of extract of belladonna has been previously dissolved, and take a pill containing valerianate of zinc, two grains; quinine, one and one half grains; and extract of belladonna, one fourth grain, with conf. rose q. s., t. d. s. A mixture (if any tingling or burning in the fingers) containing bromide of potassium, digitalis, and a vegetable tonic, will complete the treatment. The belladonna, besides causing vaso-motor paralysis, contracts the unstripped muscular fibers surrounding the arterioles going to supply the sweat-gland, and carbolic acid has a benumbing effect on the nervous filaments supplying these and the papillæ of the skin proper.

SALICYLIC ACID TO AVOID VARIOLA.—The editor of the Southern Clinic certifies, along with Dr. Claridge and Dr. DeCailhol, to the abortive power of salicylic acid in variola, given in the ordinary doses. Dr. Bryce thus concludes: "I believe salicylic acid used early and freely will place small-pox in the category with measles, chicken-pox and other trifling complaints."

IS THERE AN ARACHNOID MEMBRANE?—Dr. Tukes is of opinion that a separate arachnoid membrane does not exist, and that the theory of a subarachnoid space should be given up. In place of this he would describe the brain membranes as twofold, the pia mater and dura mater, and two spaces, the subdural and intrapiamatral spaces.—*Medical Record.*

ESERINE IN DIARRHEA.—Dr. Eschle, in the *Neurologisches Centralblatt*, May 15th, reports observations made in the Richter'schen Heilanstalt (Boston Medical and Surgical Journal) on the curative effects of calabar-bean preparations in catarrhal conditions of the digestive tract. Eserine (physostigmin), the alkaloid which with calabarin is found in the seed of the physostigma venenosum, was used some time ago in the same institution, where it gave great satisfaction in quieting maniacal patients, and for such paralytics as were not liable to apoplectic attacks. The action of the drug proved similar to, though more lasting and reliable than that of hyoscyamin. The method of exhibition was by the subcutaneous injection of a one-half-per-cent solution of sulphate of eserine in doses of .001 gram to .0015 grams. Its use was found to be always attended by alteration in the digestive organs. One maniacal patient who cried out continuously was quieted by the use of .0025 grams; this rather large injection caused vomiting and free watery stools. The use of smaller doses quieted the psychical and motor restlessness, and produced sleep without vomiting or defecation. In three other patients (paralytic) stoppage was noted for over thirty-six hours, vomiting occurring only once. Quiet in bed was always ordered. The special object of the communication was to report the results of the use of eserine in three cases of intestinal catarrh.

The first patient suffered from an attack of this nature, causing continual desire to defecate, with a passage every half hour during the second day. Hypodermic injection on this day of .001 gram of the eserine solution produced sleep in an hour and a half, which lasted from two o'clock till evening. No passage occurred until forty-six hours after the injection.

In the second case intestinal catarrh was brought on by a cold. A large number of watery stools were passed during the night and on the following morning. The same dose was administered at 10.30 A. M. The patient complained of general weakness and of numbness in the arm in which the injection was made. The pulse was slowed, but remained moderately strong. At four P. M. a watery passage occurred, after which none until twenty-seven hours after the injection, followed by stoppage of thirty-six hours; there was no vomiting. The patient was quite comfortable on the evening of the day of the injection, having passed the afternoon half asleep.

The third patient, a man of thirty-nine years, suffered from chronic dysentery, acquired in Africa. On the day before the medicine was used, twenty-four bloody stools were counted by the attendants. On the day of the first injection (.001 eserine sulph.) twelve stools were passed of unchanged character. During the twenty-four hours following the second injection (.0015) there were five passages striped with blood, and during the next twenty-four hours four bloody stools. In the two days following the third injection (.0015) seven stools were passed, of which three were accompanied by blood. During the four days following the fourth injection (.0015) the passages varied from one to six, some with and some without blood. Vomiting followed the first two injections only. The writer remarks that, although the last case was not watched to its termination, and although he could not promise himself a perfect cure, the result was sufficiently marked to illustrate the beneficial action of the drug in this dose in limiting the weakening hemorrhages and albuminous stools.

REPORT OF SEVEN CASES OF TETANUS—ONE RECOVERY.—This is an interesting paper by an excellent man, Dr. Alexander Erskine, of Memphis, Tenn., in the *Mississippi Valley Medical Monthly*. Dr. Erskine says that chloral gave great comfort in many cases, and he thinks that this remedy effected the cure recorded.

ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes of Stations and Duties of Officers of the Medical Department, U. S. A., from July 7, 1883, to July 14, 1883.

Baily, E. I., Colonel and Surgeon, in addition to his present duties, to take charge of the office of Medical Director Military Division of the Pacific during the absence of the Medical Director. (Par. 2, S. O. 64, Military Division of the Pacific, June 30, 1883.) *Sutherland, C.*, Colonel and Surgeon, Medical Director Military Division of the Pacific, granted leave of absence for one month, with permission to apply to the Adjutant-General of the Army for extension of two months. (Par. 1, S. O. 64, Military Division of the Pacific, June 30, 1883.) *Campbell, John*, Lieut.-Colonel and Surgeon, Medical Director Department of the South, leave of absence on surgeon's certificate of disability granted by S. O. 50, Department of the South, May 21, 1883, extended one month on surgeon's certificate of disability, with permission to leave the Department of the South. (Par. 7, S. O. 156, A. G. O., July 9, 1883.) *Perley, Harry O.*, Captain and Assistant Surgeon, assigned to duty at Fort Pembina, D. T. (Par. 1, S. O. 118, Department of Dakota, July 5, 1883.)